



447 College Drive Sylva, North Carolina 28779
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Enrollment Verification Request Form

Registrar's Office

STUDENT INFORMATION *Required Information

* Student ID OR Last 4 of SSN: _____ *Date of Birth: ____/____/____

* Name: _____
(Former name(s), if different while attending SCC)

* Preferred Current Email Address: _____

* Preferred Phone Number(s): (____) _____ - _____ Cell
Home (____) _____ - _____ Cell
Work Work

ENROLLMENT VERIFICATION LETTER

This letter is for insurance companies or other third parties that require students to submit a letter for proof of enrollment in order to maintain insurance coverage. We cannot verify enrollment until the term begins.

<input type="checkbox"/> Mail	Name _____	<input type="checkbox"/> Email
	Mailing Address _____	Email _____
	City State Zip _____	Address _____

*SIGNATURE REQUIRED

I authorize SCC to release my enrollment verification to the addressee(s) listed above.

Signature _____ Date _____

The Registrar's Office will make every effort to comply with your request within seven working days after receipt.